

Declaration and Power of Attorney for Patent Application

As a below inventor, I hereby declare that:

Attorney's Docket No.

DS/91068

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **PAPER TRAY ICON FOR A COMPUTER DISPLAY OR THE LIKE**

the specification of which

☒ is attached hereto

☐ was filed on as
Application Serial No.
and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application

(Number)

(Country)

(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, of Federal Regulations Code, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Ronald Zibelli, Reg. No. 20,484;
John E. Beck, Reg. No. 22,833;

Sheldon F. Raizes, Reg. No. 20,400;
Paul J. Maginot, Reg. No. P-34,984

SEND CORRESPONDENCE TO:

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DIRECT TELEPHONE CALLS TO:
(name and telephone number)

Paul J. Maginot
716-423-6456

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor: **James B. Williams, Jr.**Inventor's Signature: James B. Williams, Jr.Date: 6/10/91Residence: **290 Randolph Street, Rochester, NY 14609**

Citizenship: USA

Post Office Address: same as above

Full name of second joint inventor, if any: **Carol P. Parsons**Inventor's Signature: Carol P. ParsonsDate: 6/7/91Residence: **818 Westwood Trail, Webster, NY 14580**

Citizenship: USA

Post Office Address: same as above

Full name of third joint inventor, if any:

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth joint inventor, if any:

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth joint inventor, if any:

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of sixth joint inventor, if any:

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of seventh joint inventor, if any:

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of eighth joint inventor, if any:

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of ninth joint inventor, if any:

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____